

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

FILING DATE

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.				2		
TOTAL DEP.			2	2		
TOTAL CLAIMS				25		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						